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CONFIRMATION NO. 5045

<b>SERIAL NUMBER</b> 10/828,790	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 3/400-5-C5
<b>APPLICANTS</b> Igor Dimitriesich Polyakov, Moscow, RUSSIAN FEDERATION; Ludmilla Ivanova, Moscow, RUSSIAN FEDERATION; <i>mm</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/085,703 02/28/2002 PAT 6,872,399 which is a CON of 09/256,915 02/24/1999 ABN which is a CON of 08/568,063 12/06/1995 ABN which is a CON of 08/281,380 07/26/1994 ABN which is a CON of 08/081,299 08/11/1993 ABN <i>mm</i>				
<b>** FOREIGN APPLICATIONS *****</b> RUSSIAN FEDERATION 5006861/13/073089 10/21/1991 EUROPEAN PATENT OFFICE (EPO) PCT/EP92/02391 10/17/1992 <i>mm</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/26/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <i>mm</i> Verified and Acknowledged <i>mm</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> RUSSIAN FEDERATION	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 28503				
<b>TITLE</b> Dermatomycosis vaccine				
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	